NON-SMOKERS AND SMOKERS WELCOME

Entree Connecticut

❑ Yes, I'll Participate In The Accommodation Program.

Please send me a FREE Source Book of information and an order form for other FREE materials.

839

Your Name (please print clearly) _____

Your Title _____

Business Name _____

❑ Restaurant ❑ Fine Dinning ❑ Mid-scale ❑ Quick Service ❑ Hotel ❑ Bowling Center

❑ Shopping Mall ❑ Stadium/Arena ❑ Casino ❑ Bar/Tavern ❑ Airport ❑ Association

❑ Other (please specify) _____

❑ Chain Operator ❑ Independent Operator ❑ Local ❑ Regional ❑ National

Business Address _____

City State Zip _____

Phone (___) _____ Fax (___) _____

❑ **Yes,** you may use my establishments name as a participant of The Accommodation Program in promotional materials and advertising.

Signature _____

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Source: https://www.industrydocuments.ucsf.edu/docs/xgxp0003